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Name of Person Making Transmission: Carol
RiedingerSignature: *Carol Riedinger*

DOCUMENT(S) FAXED: (MARKED WITH X)

PAGES ATTACHED 8

Re Applic of	Liebmann, et al.
Docket No.	FIS920010274US2
Serial No.	10/801,880
Filing Date	03/16/2004
Attorney	Todd M.C. Li

Attached: AMENDMENT**PLEASE DELIVER TO:**

EXAMINER: Stephen D. Rosasco

ART UNIT: 1756

PHONE NO: 703-305-7859

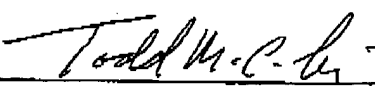
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**INTERNATIONAL BUSINESS
MACHINES CORPORATION**

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Fax: 845-892-6363
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS920010274US2	
Applicant(s): Liebmann, et al.					
Application No. 10/801,880	Filing Date 03/16/2004	Examiner Stephen D. Rosasco	Customer No. 32074	Group Art Unit 1756	Confirmation No. 4485
Invention: ALTERNATING PHASE SHIFT MASK DESIGN WITH OPTIMIZED PHASE SHAPES					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3	20	0	x \$50.00	\$0.00
INDEP. CLAIMS	3	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: <i>Feb. 3, 2005</i>		
Todd M.C. Li Registration No. 45,554 Telephone No. 845-894-6919 Fax No. 845-892-6363			CERTIFICATION OF FACSIMILE TRANSMISSION: I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: <i>2/3/05</i> Name of Person <i>CAROL RIEDINGER</i> Making Transmission: Signature: <i>Carol Riedinger</i>		
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Signature: Carol Riedinger
Date of Signature: 2/3/05

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

) Attorney Docket No. FIS920010274US2

) Confirmation No. 4485

Liebmann et al.

)

)

Serial No.: 10/801,880

) Examiner: Stephen D. Rosasco

Filed: March 16, 2004

) Group Art Unit: 1756

For: ALTERNATING PHASE SHIFT
MASK DESIGN WITH
OPTIMIZED PHASE SHAPES

)

)

)

) Date: Feb. 2, 2005

The Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

10/801,880

In response to the Office Action dated November 03, 2004, please amend the above-identified Application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.

FIS920010274US1

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